

## **System Leadership Council: September 13 Meeting Summary**

### ***Introduction***

- The following members attended the first meeting of the System Leadership Council:

Janet Areson	Richard E. Kellogg	Cathleen J. Newbanks
Charline A. Davidson	Larry L. Latham, Ph.D.	Raymond R. Ratke
Judy Dudley	Dean Lynch	Julie A. Stanley
Brent Frank	Lundi S. Martin	James A. Thur
Paul R. Gilding	Jules J. Modlinski, Ph.D.	Candace B. Waller
- Community services boards and state mental health and mental retardation facilities have made tremendous progress over the last two years.
- The HJR 240/225 Joint Subcommittee made the right decision in strengthening the community services system.

### ***Council Purpose and Composition***

- The System Leadership Council evolved from the SFY 2001 performance contract negotiations, reflecting a desire to have a mechanism embedded in the contract to provide continuity and a means for enhancing communications and addressing and resolving systemic issues and concerns.
- The group agreed that the Council's membership is the right size and mix and commended the Department for including local government and state facility representatives. The Council's composition reflects its origin in the performance contract, and this accounts for the presence of CSBs, local governments, and the Department, including state facilities. This also explains the absence of consumers, family members, and private providers; the group agreed that it needs to look at ways to involve these stakeholders over time.
- A plethora of groups are working on a variety tasks and issues. Groups include the Quality Care Council; Mental Health Planning Council; VACSB MH, MR, and SA Councils; POMS Work Group; VACSB Administration Committee; and VACSB/VALHSO Performance Contract Work Group. The Council could serve as a mechanism for integrating related activities among these groups.
- The group agreed that the Council should serve as the coordinating mechanism to discuss issues and problems from a system perspective in a calm environment to reach as much agreement as it can, providing continuity, enhanced communication, and consistency over time.

### ***Department Roles and Relationships***

- The Council discussed the Department's roles and relationships. The Department is evolving to a more individualized approach, although the need for program development and managing service capacity is recognized. In some ways, the roles of the Department and CSBs is the same, delivering services to people in need, caring for consumers that taxpayers pay for.
- It was agreed that individual clinical decisions should be made at the local level; but, there was a

recognition of the need for some programmatic consistency and standards across the system. The Department has been implementing appropriate clinical standardization in its state facilities over the past two years, using Departmental Instructions.

- The Department does not want a direct supervisory or management relationship with CSBs; that would not be appropriate. The capacity to reflect and represent the diversity of communities across the Commonwealth and the connection with local governments are two valuable aspects of the CSB system.
- The Division of Community and Facility Services in the Department is becoming increasingly specialized (e.g., new positions for medical records, behavioral consultation, and utilization review).
- While it would not be appropriate for the Department to provide technical assistance about functions that it regulates (e.g., Medicaid), the Department could provide program support or assistance to CSBs and private providers in the context of that increased specialization.
- This could include providing support and training about behavior management, emergency services, pre-admission screening, predischarge planning, and program models and community care protocols.
- One of the roles of the Department should be creating and supporting an environment for learning. The Council discussed the notion of a training academy or conference, perhaps after the next General Assembly session. This could include CSBs, state facilities, and private providers and involve national experts. The Commissioner expressed a willingness to seek resources and Cathleen Newbanks volunteered to lead a small work group to develop a proposal. Other Council members agreed to participate or provide names.
- The Council also could be a mechanism for providing constructive feedback to the Department about how it could improve its operations.

### ***Operational Concerns and Issues***

- The group identified a variety of current operational concerns and issues. These include: human rights reporting, the Comprehensive Human Rights Information System (CHRIS), state facility bed utilization targets, and performance contracts and reports. The group agreed that there is a need to monitor, coordinate, or track these activities to assure consistency and congruence among them.
- It was noted that there may be separate groups already working on these. The group decided that the Council could serve as a macro-organizing committee, serving as the “eye of the funnel” for tasks already being addressed by other groups and assuming direct responsibility for other tasks, such as bed targets.
- The Council would not be approving or disapproving the work of these other groups; it would be assuring continuity and consistency among disparate but related activities.
- For example, the Council acknowledged the value and effectiveness of the VACSB/VALHSO

Performance Contract Work Group. However, once the contract is negotiated, there are often activities that remain to be done during the contract period (e.g., developing the consumer dispute resolution mechanism). The Council could monitor the accomplishment of such tasks.

- Similarly, the VACSB has a small CHRIS work group headed by Will Rogers that has identified a number of issues or problems with CHRIS. That work group will be meeting with Margaret Walsh in October, and it could then communicate its results to the Council.
- A third example is the small work group that the VACSB and Department will be establishing to look at streamlining the performance contract Exhibit A and reports. That group also could report its results to the Council.
- The Council agreed to identify all of these activities and suggested that they should be tracked, perhaps on the Department's web site. The Council agreed that it needed to have meeting minutes or summaries of all of these groups.
- The Council also suggested that the Department and DMAS need to identify a way to resolve confusion about and provide answers to operational and policy questions and issues, perhaps on their web sites.
- The Council discussed bed targets. It was noted that only a couple of CSBs in Region V have raised concerns about the current targets, and any change in the methodology to develop targets would need to be systemic, applicable state wide. A concern was expressed that the targets may punish some CSBs that are doing a good job of managing state facility utilization.
- The Council agreed to leave the current SFY 2001 targets as they are, and supported reopening discussion of the targets and how they are developed for the SFY 2002 bed targets. While the current targets, developed using regression analyses, have face validity, there are other approaches that could be used. For example, previous fiscal year actual usage could be used as the basis for bed targets.
- The Council discussed duplication and reconciliation of multiple data sets (e.g., POMS, performance contract and reports, CHRIS, ICDE). The group agreed that data, including financial information, that is not used or is duplicated should not be collected.
- The Commissioner discussed the Trust Fund and the Restructuring Plan required as a result of legislation passed by the last General Assembly. He noted that the plan was confidential Governor's working papers at this point, so he could not discuss specific details. He remains committed to putting more money in community services, for example for a broader array of crisis intervention services. He suggested that a sub-acute skilled nursing facility alternative would be the best way to address the need for inpatient geriatric services. He noted that he is very committed to connecting DeJarnette with the Comprehensive Services Act for out-of-state placement risks. The short term, highly intensive services provided by DeJarnette could move those children to another level of service need.
- The Commissioner noted that the Department is negotiating a memorandum of understanding with DMAS as required by the 2000 Appropriation Act.

***Agreements*** The Council reached the following agreements.

- The Commissioner will ask all ongoing work groups for meeting minutes or summaries and place them on the Department's web site. These include the following groups:
  - CHRIS
  - Quality Care Council
  - MR Waiver Work Group
  - Performance Contract Data Work Group
  - Bed Target Work Group
  - Educational/Training Work Group
- Cathleen Newbanks will chair a small educational/training work group to develop a proposal for an academy or state wide conference to be held next spring. The CSBs and state facilities will participate on this work group.
- The Commissioner agreed to bring back any DMAS information to the Council that he can.
- The Department will establish a FAQ function on its web site and encourage DMAS to do the same.
- The next meeting will focus on standardization in community services, including emergency services, pre-admission screening, predischarge planning, and case management.

***Next Meetings***

- The next meeting will be on November 1 at 10:00 a.m. in the Jefferson Building. Lunch will be provided. Topics for this meeting include:
  - Standardization in Community Services
  - Pharmacological Protocols
- The following meeting is scheduled for December 7 at 10:00 a.m.